City of Umatilla, Oregon

ZONING PERMIT
Urban Growth Area

(Requires site plan drawn to scale)

For Planning Official Use Only

Permit #_____

Issued By:_____

Date Issued:_____

APPLICANT/OWNER INFORMATION

APPLICANT_____ PHONE_____

ADDRESS_____ CITY_____ STATE_____ ZIP_____

PROPERTY OWNER_____ PHONE_____

ADDRESS_____ CITY_____ STATE_____ ZIP_____

PROPERTY INFORMATION

1. ADDRESS_____ CITY_____ STATE_____ ZIP_____

2. MAP # (T-R-S)_____ TAX LOT_____

Lot Size_____X_____X_____X_____ (Acres)_____

3. PROPOSED USE_____

4. VALUATION OF WORK (materials & labor) _____

5. EXISTING DEVELOPMENT_____

6. ZONING_____

7. OVERLAY ZONES_____

8. ACCESS City Street ☐ County Road ☐ State Hwy ☐ Private Rd ☐

Name of Road_____ Road #_____

9. WATER SUPPLY City Water ☐ Private Well ☐

10. SANITATION City Sewer ☐ Private System ☐ (type)_____

DEQ Permit # (if private)_____

11. HEIGHT & SETBACKS

Building Height_____ (from finished grade)

Front Yard _____ L. Side Yard_____

Rear Yard _____ R. Side Yard_____

Riparian _____

12. MANUFACTURED HOME Year_____ Sq. Ft._____

Make/Model_____

Note: Per Section 10-11-8 of the City of Umatilla Zoning Ordinance (CUZO), a manufactured home must be multi-sectional, at least 1,000 square feet in size, have a pitched roof, exterior siding and roofing similar in color, material and appearance commonly used on residential dwellings. The manufactured home must have bene constructed prior to July 1, 1976 and comply with ORS 455.010.

APPLICANT'S SIGNATURE AND CONSENT AGREEMENT

I hereby certify that, to the best of my knowledge the above information is true and correct. All work to be performed shall be in accordance with all governing laws and rules. I agree to comply with all conditions of approval that may be attached to this permit. I understand that separate permits are required for electrical, plumbing, and mechanical work. I further understand that, as the applicant, I am responsible for knowing whether the proposed use is limited or prohibited by any deed restrictions, easements or other encumbrances on the property, and I certify that all owners of the property consent to the use of the property for which application has been made herein.

1. APPLICANT'S SIGNATURE_____ DATE_____

2. PROPERTY OWNER'S SIGNATURE_____ DATE_____

For Official Use Only

PLANNING/ZONING REVIEW

1. LAND USE COMPATIBILITY Outright Use ☐ Subject to Standards ☐ Conditional Use ☐ PERMIT #_____

2. BUILDING SETBACKS/MAXIMUM HEIGHT COMPLY? Yes ☐ No ☐ 3. FLOODZONE* Yes ☐ No ☐ If Yes, Zone_____

4. WETLANDS* Yes ☐ No ☐ If Yes, Type_____ FEMA Map #_____ Base Flood Elevation_____

5. ZONING AUTHORIZATION Approved ☐ Denied ☐ Reason for Denial_____

PLANNING SIGNATURE_____ Title_____ Date_____

* See notes on back for explanation if Yes.

PERMIT FEE

TOTAL BUILDING/WATER/SEWER/RELATED FEES DUE $_____ (columns A+B+C) **Receipt No.**_____

****

Conditions of Permit Approval:

1. _____

2. _____

3. _____

4. _____

5. _____

NOTES:

1. **When property is located in a floodzone, additional regulations may apply to the building or foundation design or to other changes to the site.**
2. **Permits for property wholly or partially within a wetland area identified on the Statewide Wetlands Inventory require the City to provide notice to the Oregon Division of State Lands (DSL) which may require a permit for removal or fill, or any other alteration to the site prior to the start of construction.**
3. **Separate plumbing, electrical and mechanical permits must be obtained.**

***** Call 811 or 1-800-332-2344 Before You Dig *****

Site Plan for ZP - _____ - _____

APPROVED BY _____

DATE _____

County Assessor's Office Approval Stamp for a Manufactured Home (if applicable)

Include the following features in the Site Plan:

- Site area showing **property boundaries** and dimensions
- **Proposed and existing structures** with dimensions and the distance from all property lines
- Location of existing **wells** and existing **septic systems** (i.e. tanks, drain fields)
- Widths and names of **roads** adjacent to the site which provide direct access to the property.
- Existing **access points** (driveways, lanes, etc.)
- **Easements** and rights-of-ways
- Existing **utility lines** (above and below ground)
- Approximate location of any unusual **topographical** features.
- Location of all **creeks, streams, ponds, springs** and other drainage ways

North Arrow indicates map orientation.

Umatilla County Public Health
Environmental Health Division

Land Use Compatibility Statement

This form must be completed by the Umatilla County Planning Department to ensure the proposed activity is consistent with zoning and land use regulations. Please submit completed form to Umatilla County Environmental Health.

Section 1: To be completed by the applicant:

Applicant Name: _____ Telephone: _____

Mailing Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Property Information:

Property Owner: _____ Physical Address: _____

Township: _____ Range: _____ Section: _____ Tax Lot No: _____ Account #: _____

Map: _____ Directions to property: _____

_____

Describe the proposed use: (Use additional pages as needed)

1) _____

_____

_____

_____

Section 2: To be completed by the Planning Department

Property Zoning: _____ Location is: ☐ Inside UGB ☐ Outside UGB

Subject to: ☐ County Jurisdiction ☐ Shared City/County Jurisdiction ☐ City Jurisdiction

☐ Permit Not Required

☐ Permit Required ☐ Zoning Permit ☐ Design Review ☐ Conditional Use ☐ Land Use Decision

☐ Permit(s) Issued: _____

Print Name: _____ Title: _____

Planning Official Signature: _____ Date: _____

Telephone: _____ Email: _____

Umatilla County Environmental Health
200 SE 3rd Street
Pendleton, OR 97801
Ph: (541)278-6394
Fax: (541)278-5433
health@umatillacounty.net

Umatilla County Planning Department
214 SE 4th Street
Pendleton, OR 97801
Phone: (541)278-6252
Fax:(541) 278-5480
planning@umatillacounty.net

Structural Permit Application

Department of Consumer and Business Services
Building Codes Division • Pendleton Field Office
800 S.E. Emigrant Ave., #360, Pendleton, OR 97801
800-452-8156 or 541-276-7814 • Fax: 541-276-9244
Web: bcd.oregon.gov

DEPARTMENT USE ONLY	
Permit no.:	
This project has final land-use approval: Signature:	DEQ approved: Signature:

This permit is issued under OAR 918-460-0030. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

Flood plain? ☐ Yes ☐ No

CATEGORY OF CONSTRUCTION	
☐ **Residential**	☐ **Commercial**
☐ Detached accessory structure building	☐ Accessory
☐ Manufactured dwelling	☐ Industrial
☐ Single-family dwelling	☐ Mixed use
☐ Two-family dwelling	☐ Multi-family
☐ Townhouses	☐ Other
☐ Other	

TYPE OF CONSTRUCTION		
☐ Addition	☐ Alteration	☐ Other
☐ Move	☐ New	☐ Tenant improvement
☐ Repair	☐ Replacement	

APPLICANT INFORMATION	
Name:	
Mailing address:	
City/state/ZIP:	
Phone:	Mobile phone:
Email:	

JOB SITE INFORMATION AND LOCATION
Job site address:
City/state/ZIP:
Project name:
Directions to job site:
Parcel no.:

PROPERTY OWNER INSTALLATION	
Name:	
Mailing address:	
City/state/ZIP:	
Phone:	Mobile phone:
Email:	
This installation is being made on residential or farm property owned by me or a member of my immediate family. **Sign here:**	

CONTRACTOR INSTALLATION	
Business name:	
Address:	
City/state/ZIP:	
Phone:	Mobile phone:
Fax:	Email:
CCB license no.:	
Signature:	

LOCAL GOVERNMENT APPROVAL
Zoning approval verified? ☐ Yes ☐ No

VALUATION INFORMATION
Job description:
Declared job value: $ ____
Occupancy type:
Occupancy load:
Number of housing units:
Number of buildings:
Publicly owned: ☐ Yes ☐ No
New building square footage:
Existing building square footage:
Number of stories:
Building height: _____ feet _____ inches
Existing fire sprinklers: ☐ Yes ☐ No
Fire sprinklers included in project: ☐ Yes ☐ No
Existing fire alarm system: ☐ Yes ☐ No
Fire alarms included in project: ☐ Yes ☐ No

DEPARTMENT OF CONSUMER & BUSINESS SERVICES